

NORTH CAROLINA DIVISION OF AGING  
and  
\_\_\_\_\_ AREA AGENCY ON AGING

**MONITORING TOOL FOR SENIOR COMPANION SERVICES**

Community Service Provider: \_\_\_\_\_  
Review Date: \_\_\_\_\_ State Fiscal Year: \_\_\_\_\_  
Interviewer: \_\_\_\_\_  
Person(s) Interviewed and Title: \_\_\_\_\_

\*\*\*\*\*

PROGRAM ADMINISTRATION

Provisions of the Standard

1. The volunteer station accepts individuals to be Senior Companions, who are 60 years of age or older, and whose income is below 125% of poverty. Yes\_\_ No\_\_  
(Page 2 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

2. Each Senior Companion serves 20 hours of volunteer service per week. Yes\_\_ No\_\_  
(Page 3 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

3. Each Senior Companion receives:

- a. 40 hours of pre-service training ; and Yes\_\_ No\_\_  
b. 4 hours of monthly in-service training. Yes\_\_ No\_\_  
(Page 4 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

4. Senior Companions providing any task listed in Level II of the Division of Aging's In-Home Aide Services Standards are competent to perform the task(s) they are assigned. Yes\_\_ No\_\_  
(Page 4 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

5. Senior Companions providing any personal care task(s) listed in Level III of the Division of Aging's In-Home Aide Services Standards are:

- a. trained and competency tested to perform assigned tasks; and Yes\_\_ No\_\_  
b. registered as a Nurse Aide I with the North Carolina Division of Facility Services within 4 months of being assigned Level III personal care tasks. Yes\_\_ No\_\_

(Page 4 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

6. Senior Companions providing personal care tasks listed in Level III of the Division of Aging's In-Home Aide Services Standards are supervised by a Registered Nurse. Yes\_\_ No\_\_  
(Page 4 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

7. If the Senior Companion agency provides personal care tasks for clients in the home, then the volunteer station is licensed as a Home Care Agency by the State of North Carolina. Yes\_\_ No\_\_  
(Page 3 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

8. Senior Companions are placed in one-to-one assignments rather than a group assignment. Yes\_\_\_ No\_\_\_  
(Page 5 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

9. The agency demonstrates that all individuals receiving Senior Companion services were given the opportunity to share in the cost of the services they receive. Yes\_\_\_ No\_\_\_  
(45CFR 1321.67)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

(The Division of Aging is awaiting clarification from the Federal Action Agency regarding this requirement. This monitoring tool will be revised based upon their input.)

#### **SUMMARY OF CLIENT RECORD REVIEW**

For the client record review section, pull a random sample of 5-10% of the active client files, or not less than 10. If less than 10 files, examine all files. Use the attached questions to review each client file. You will need to make a copy of the attached questions for each client file reviewed. After reviewing the client files, complete the questions listed below to summarize client record information.

Of the \_\_\_ (number) of client files reviewed,

10. Out of \_\_\_ (number) clients needing registration information updated, \_\_\_ (number) had registration information updated;  
11. \_\_\_ (number) had a signed Letter of Agreement between the client and the Senior Companion;  
12. Out of the \_\_\_ clients needing personal care tasks, \_\_\_ (number) had a signed service plan indicating the type and frequency of personal tasks to be provided;  
13. Out of the \_\_\_ (number) of clients terminated from service, \_\_\_ (number) files contained documentation indicating that the decision to terminate was made jointly by the project and volunteer station staff; and

Additional Comments: \_\_\_\_\_

Unit Verification

**Verified** source documentation exists that unit(s) reported, and for which reimbursement has been received, were in fact received by the specified person on the date(s) indicated on the Unit of Service Report - DoA ZG901, 902, 903, or comparable document.

Yes\_\_ No\_\_

**SOURCE DOCUMENTATION** for Senior Companion service is the \_\_\_\_\_, located in \_\_\_\_\_.

If the DoA ZG901, 902, 903, or comparable document, contains 10 or fewer clients reported as receiving a unit(s), **sample all persons and all units**. If 11 or more persons are reported, sample 10% of the persons, or not less than 10, and **all units** reported for each person in the sample.

Attach {as part of work papers} Unit of Service Report used to sample clients and units. **IDENTIFY ON THIS REPORT** the names of the persons sampled and the sampled date(s) on which units were reported as being provided.

Number of UNITS found unverifiable \_\_\_\_\_

This represents \_\_\_\_\_% of the total units reported for the month of \_\_\_\_\_, 199\_\_.

Identify by client the date(s) on which a unit(s) could not be verified;

CLIENT NAME	DATE (S)	UNVERIFIED UNITS
-------------	----------	---------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*\*\*\*

Additional Comments: \_\_\_\_\_

Signature of AAA Administrator/DoA Staff \_\_\_\_\_ Date \_\_\_\_\_

(Copy and give to provider if Unverifiable Units are found)

## CLIENT RECORD REVIEW

Senior Companion \_\_\_\_\_

Client \_\_\_\_\_

Date \_\_\_\_\_

Interviewer \_\_\_\_\_

1. The client registration information has been updated every twelve (12) months. Yes \_\_\_ No \_\_\_  
(Page 8 of the Senior Companion Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

2. The volunteer station managing in-home placement of Senior Companions has a completed Letter of Agreement with the Senior Companion and the client which includes:

- a. authorization for Senior Companion services; Yes \_\_\_ No \_\_\_  
b. activities to be provided by the Senior Companion; Yes \_\_\_ No \_\_\_  
c. days and hours of service; Yes \_\_\_ No \_\_\_  
d. specific plans for supervision of the Senior Companion; and Yes \_\_\_ No \_\_\_  
e. signature of client, his/her legal representative(s), and the volunteer station staff. Yes \_\_\_ No \_\_\_

(Page 3 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

3. A plan indicating the type of tasks to be provided and the frequency of provision has been developed if a Senior Companion provides personal care tasks to a client. Yes \_\_\_ No \_\_\_  
(Page 5 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- 4 The client/designated representative and the volunteer station staff have signed and dated the client service plan. Yes \_\_\_ No \_\_\_  
(Page 5 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- 5 If an assignment was terminated, the decision to terminate was made jointly by the project volunteer station staff with input from the Senior Companion, if appropriate. Yes \_\_\_ No \_\_\_  
(Page 7-8 of the Senior Companion Service Standards)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_